

# CLAIMS ONLY

SERIAL NO.  
1 1 1 1 1

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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49									
50									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS	/	/							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS